

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/519405

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		3		1		
7		1		1		
8		1		1		
9		1		1		
10	1		1			
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TOTAL IND. 2  2  
 TOTAL DEP. 12  13  
 TOTAL CLAIMS 14  15  

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.    
 TOTAL DEP.    
 TOTAL CLAIMS    